L23000518838

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TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations '	•	• •
our in on	A-SQUAR	E INVESTMENT GROUP LL	C	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		AKBAR SHAREEF		
			Name of Person	
		A-SQUARE INVESTMEN	YT GROUP LLC	
			Firm/Company	
		5933 OLD PEBBLE PATI	1	
	Address			
		LIBERTY TOWNSHIP, C	HIO 45044	
			City/State and Zip Code	<u> </u>
		asquareinvestmentgroupflild		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
AKBAR SH	AREEF		813 3628939	
	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration So	ection
		orporations	Division of Co	•
P.C). Box 632	. /	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-SQUARE INVESTMENT GROUP LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on NOVEMBER 16, 2023	and ass	igned	
Florida document number L23000518838				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
A-SQUARE INVESTMENT GROUP FL LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abb	reviation "L.I		_
Enter new principal offices address, if applicable:		· · · :	2025	_
(Principal office address MUST BE A STREET ADDRES	(S)		EB.	
		in it	26	_ :-
		Min.	PH	ji
Enter new mailing address, if applicable:		9.5 5.5 5.6	ب	_ C.
(Mailing address MAY BE A POST OFFICE BOX)		<u> 58</u>	8	_
				_
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name	of the new	<u>regist</u>	<u>ered</u>
agent and/or the new registered office address incre.				
Name of New Registered Agent:		-		_
New Registered Office Address:				_
	Enter Florida street address			
	, Florida			_
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□ Change
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fective date, if other than the o	date of filing:		(optional)		
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicab				
record specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the ed	rlier of: (b) The 90t	h day afte	er the
ated	2025			:	2025 FEB 26 PH 3
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Typed or printed name of signee